



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: INDIANA UNIVERSITY HEALTH WHITE MEMORIAL HOSPITAL

City of Hospital: Monticello

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Derek Tatter

Email Address: dtatter@iuhealth.org

Medicare Provider Number: 15-1312

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$12301622
Outpatient Patient Service Revenue	\$82723815
Total Gross Patient Service Revenue	\$95025437

2. Deductions From Revenue

Contractual Allowance	\$57697881
Other Deductions	\$-1116272
Total Deductions	\$56581609

3. Total Operating Revenue

Net Patient Service Revenue	\$38443828
Other Operating Revenue	\$992117
Total Operating Revenue	\$39435945

4. Operating Expenses

Salaries and Wages	\$9033682	Employee Benefits	\$2347534
Depreciation and Amortization	\$1711243	Interest Expense	\$997256
Bad Debt	\$3378678	Other Expenses	\$17338881
Total Operating Expenses	\$34807274		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$4628671	Total Assets	\$66759548
Net Non-operating Gains over Loss	\$316006	Total Liabilities	\$66759548

Total Net Gains	\$4944677
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$51634780	\$31518139	\$20116641
Medicaid	\$14359969	\$10098598	\$4261371
Other Government	\$1459634	\$1056380	\$403254
Other State	\$0	\$0	\$0
Other Payers	\$27571054	\$17287171	\$10283883
Total	\$95025437	\$59960288	\$35065149

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$10000	\$-10000

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$2084998
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$673246	
HCI Payments	\$0		
Subtotal	\$0	\$673246	\$-673246
Medicaid Shortfalls	\$3394024	\$6087431	
Subtotal	\$3394024	\$6760677	\$-3366653
DSH Payments	\$0		
Subtotal	\$3394024	\$6760677	\$-3366653
Medicare Shortfalls	\$13303551	\$12908073	
Other Government Programs	\$0	\$0	
Total	\$16697575	\$19668750	\$-2971175

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$1407955	\$1644862	\$-236907
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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